



**MISSISSIPPI REAL ESTATE COMMISSION**

**2506 Lakeland Drive**

**Suite 300**

**Flowood, MS 39232**

**Or Mail To**

**PO Box 12685**

**Jackson, MS 39236-2685**

**Phone (601)932-6770 Fax (601)932-2990**

**[www.mrec.ms.gov](http://www.mrec.ms.gov)**

**CERTIFICATION OF LICENSURE REQUEST FORM**

**(Application must be typed or printed)**

**APPLICATION FEE: \$25.00**

**(PLEASE ALLOW THREE (3) TO FIVE (5) BUSINESS DAYS FOR PROCESSING)**

**Licensee:** \_\_\_\_\_  
(Name) (License #)

**Contact Number:** \_\_\_\_\_

**Many states require that the Certification of Licensure be addressed to or prepared specifically for that state. Please indicate how the Certification should be addressed:**

\_\_\_\_ **TO WHOM IT MAY CONCERN**

\_\_\_\_ **STATE:** \_\_\_\_\_ **REAL ESTATE COMMISSION**

\_\_\_\_ **LICENSEE NAME (AS LISTED ABOVE)**

\_\_\_\_ **OTHER:** \_\_\_\_\_

**CERTIFICATION OF LICENSURE SHOULD BE MAILED TO:**

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(Post Office Box)

\_\_\_\_\_  
(City) (State) (Zip Code)

**Licencee's Signature:** \_\_\_\_\_  
(Name) (Date)